



Gloucestershire County Council

EDUCATION COMMITTEE

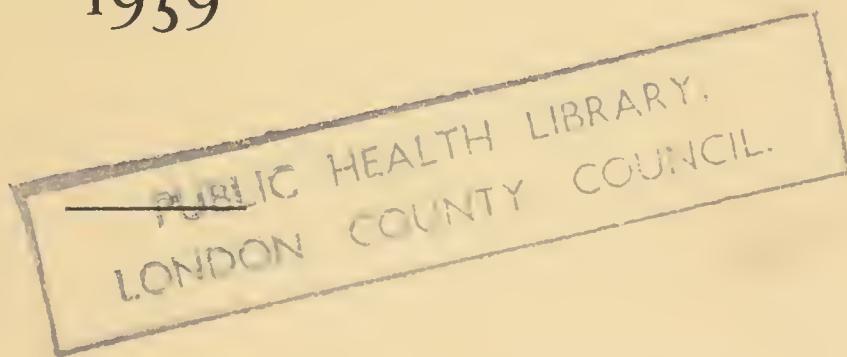
Annual Report

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1959



GEO. F. BRAMLEY

Principal School Medical Officer



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STAFF

As at 31st December, 1959

PRINCIPAL SCHOOL MEDICAL OFFICER
G. F. BRAMLEY, M.D., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER
W. DAVIDSON-LAMB, M.C., M.B., Ch.B., D.P.H.

SENIOR ASSISTANT COUNTY MEDICAL OFFICER AND SCHOOL MEDICAL OFFICER
J. G. MCKENNY, M.B., B.Ch., B.A.O., D.(Obst.) R.C.O.G., D.P.H., D.T.M.
& Hy.

ASSISTANT COUNTY MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS
KATHARINE E. M. ALLEN, M.A., M.R.C.S., L.R.C.P.
MARGARET D. CAMERON, M.B., Ch.B., D.P.H.
SHEILA M. E. GREW, M.R.C.S., L.R.C.P.
M. J. GRIESPEERDT, M.B., B.S., D.P.H.
CATHERINE E. HIGNELL, M.R.C.S., L.R.C.P.
JEAN N. MOORE, M.B., B.S.
W. W. RAMSAY, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H.
MARY P. S. SEACOME, M.A., B.M., B.Ch.

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER
T. O. P. D. LAWSON, M.D., D.P.H., D.R.C.O.G.

ASSISTANT MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS
D. E. CLARE, M.B., B.S., D.P.H.
BRENDA G. KING, M.B., B.S.

PRINCIPAL SCHOOL DENTAL OFFICER
J. F. A., SMYTH, L.D.S.

ORTHODONTISTS

G. D. EVERARD, L.D.S. (commenced 1.5.59)
MRS J. M. POPPLEWELL, L.D.S. (part-time)

DENTAL OFFICERS

MRS M. E. BELL, L.D.S. (part-time)
P. E. BIRKETT, B.D.S. (part-time)
J. B. CROWTHER, L.D.S. (part-time)
D. N. DE GRUYTHER, L.D.S.
W. M. ELLIS, L.D.S.
A. J. LANE, L.D.S.
MRS M. J. LEECH, L.D.S. (part-time)
MISS M. S. MACKINNON, L.D.S.
J. A. MACPHAIL
A. W. McCARTHY, L.D.S.
J. P. B. PENGELLY, L.D.S.
W. RICHARDS, L.D.S. (part-time)
MRS D. W. SQUIRES, L.D.S.
D. A. THOMAS, L.D.S.
G. J. TUCKER, B.D.S. (commenced 1.10.59)
G. N. WILLETS, L.D.S.

Cheltenham
Excepted
District

DENTAL HYGIENIST

MRS W. E. JUDD

DENTAL HEALTH EDUCATION OFFICER

MISS M. D. RYLEY

DENTAL ATTENDANTS—26 (equivalent of 14.3 full-time attendants)

CHILD GUIDANCE

PSYCHIATRISTS H. S. COULSTING, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
(part-time)

K. C. P. SMITH, M.R.C.S., L.R.C.P., D.P.M. (part-time)

PSYCHOLOGISTS—MRS E. A. MESSEY, M.A.

MRS D. M. RIDLEY, B.A.

MR D. D. WOODWARD, B.A.

PSYCHIATRIC SOCIAL WORKERS—MISS D. HILL, B.A.

MRS B. K. DEARNLEY

SOCIAL WORKER—MISS M. A. HARRY (resigned 31.1.59)

MISS G. E. D. ROWLAND (appointed 16.2.59, resigned
31.12.59)

HEALTH VISITORS AND SCHOOL NURSES

MISS E. K. N. CUMMING (Superintendent)

MISS F. FORTNAM (Deputy Superintendent)

67 HEALTH VISITORS (Equivalent of 22 School Nurses)

SCHOOL NURSES—3 (Cheltenham Excepted District)

DISTRICT NURSES (Part-time Health Visitors)—31 (Equivalent of 2.6 School Nurses)

SPEECH THERAPISTS—5

ORTHOPAEDIC AFTER-CARE SISTERS—5 (1 part-time)

EAR, NOSE AND THROAT SURGEONS—4

OPHTHALMIC SURGEONS—6

ORTHOPAEDIC SURGEONS—4

} part-time, Regional Hospital Board

ADMINISTRATIVE STAFF

F. B. WILTON
W. ROBERTS

STATISTICS OF THE COUNTY

AREA (in acres)	URBAN	24,179
	RURAL	749,131
		<u>773,310</u>

POPULATION—R.G. Estimate Mid. 1959

URBAN	159,500
RURAL	313,000
	<u>472,500</u>

NUMBER OF SCHOOLS AND CHILDREN IN ATTENDANCE

COUNTY (excluding Cheltenham), January, 1960.

				No. of Schools	No. on Registers
1. PRIMARY					
County	...	...	...	130	21,513
Voluntary	...	...	...	204	16,192
Special	...	...	...	5	333
Nursery	...	...	...	1	39
				<hr/>	<hr/>
				340	38,077
				<hr/>	<hr/>
2. SECONDARY					
Grammar	...	...	...	15	6,654
Grammar/Modern	...	...	...	2	1,041
Grammar/Technical	...	...	...	2	666
Technical	...	...	...	3	1,260
Modern	...	...	...	36	14,683
				<hr/>	<hr/>
				58	24,304
				<hr/>	<hr/>
				398	62,381
				<hr/>	<hr/>

CHELTENHAM EXCEPTED DISTRICT

1. PRIMARY	...	...	...	23	6,753
SPECIAL	...	...	...	1	80
				<hr/>	<hr/>
				24	6,833
2. SECONDARY					
Grammar and Technical	...	...	...	3	2,119
Modern	...	...	...	7	2,625
				<hr/>	<hr/>
				34	4,744
Gloucestershire Grand Total	...			432	73,958
				<hr/>	<hr/>

HEALTH DEPARTMENT,
BERKELEY CHAMBERS,
BERKELEY STREET,
GLOUCESTER

June, 1960

To the Chairman and Members of the
Education Committee.

SIR, LADIES AND GENTLEMEN,

In presenting the Annual Report on the School Health Service for the year 1959 a new layout is being adopted so that all the tables appear at the end of the report.

SCHOOL MEDICAL INSPECTION

The total number of periodic medical inspections was again less than the number carried out in the previous year, but the reduction was more than counterbalanced by the increase in special and re-inspections. The reason for the decrease is, of course, the amount of time the School Medical Officers had to give to vaccinating against Poliomyelitis. This will need to go on until there is available a vaccine which can be safely taken by mouth, but as by now we have caught up on primary vaccination we should in future years be able to carry out more routine inspections. Some inspection time was also lost as more 12 and 13 year old children were vaccinated against tuberculosis. (See Tables 1a and 1b, page 19).

Findings at Medical Inspections

In view of the fall in the number of medical inspections, it is not surprising that there were fewer children found with defects (excluding dental conditions). There was a slight increase in the number with defects per thousand. The types of defects were relatively the same as in previous years, except that there were more children found with squints and less with ear infection. The former was probably due to a general reminder that a squinting eye demands immediate treatment if a blind eye is to be prevented. The fall in ear infection probably reflected a year of low level of infections in general. (See Tables 2a, 2b and 2c, page 20).

The number of children found with defects, which mainly relate to the eye, ear, nose, throat and posture, is in accordance with the findings of previous years.

Height and Weight Survey

This shows no significant difference from the previous year. (See Table 3, page 20)

Physical Condition

Only 107 children were classified as unsatisfactory, the percentage being the same as in the previous year.

Verminous Children

A total of 714 children were found to be infested compared with 1,502 in the previous year. As 1959 was the first full year when there was not a terminal examination at every school in the County, this large reduction may mean that some cases have been missed. We now rely in the majority of schools upon the head teachers to draw the attention of the health visitor to cases of infestation in between the times of periodic and special medical inspections. There are, however, still 148 schools, including some Secondary Schools, where regular terminal examinations are still necessary.

Hygiene of School Premises

Four hundred and twenty-seven reports on schools or departments have been received from School Medical Officers and the defects requiring attention noted on them have been referred to the Chief Education Officer. There are still a number of schools whose standards fall below that of the present day, and canteens and kitchens in the School Meals Service which do not come up to the requirements of the Food Hygiene Regulations, 1955, as catering establishments. These items are, however, being dealt with in order of priority in trying to deal with the worst first, but restriction on the finance available to the Education Committee is a matter of serious concern in this respect. Where adverse reports have been made on conservancy methods of sanitation, the difficulties have not always been due to inadequate local care but to shortage of appropriate places for disposal.

In the very new schools cross-ventilation has been provided for but in those new schools opened two or three years ago where construction did not allow for cross-ventilation, the School Medical Officers have reported adversely. The evidence for the need of cross-ventilation does not need to be carefully sought.

School Swimming Baths

More schools are introducing swimming baths and hand chlorination has been adequate where carefully supervised by a member of the teaching staff with the advice of the County Public Health Officer. To maintain the water in a satisfactory condition, however, a fully automatic chlorinating system, which again needs supervision, is very strongly advised.

After-care and follow-up of defects

This has continued as in previous years and I am grateful for the assistance given by family Doctors. Particularly am I grateful to them for the help they have given in the scheme which we have inaugurated for following up the persistent non-attender whose parents try to cover up their failure to send their children to school by trying to produce medical evidence to the School Welfare Officer. On the other hand, children who may even have required special educational treatment have come to light through this close co-operation which involves parent, school welfare officer, family doctor and School Health Service.

Health Education

Talks were given to Parent-Teacher and other groups by the School Medical Officers, Dental Officers and School Nurses. In addition to individual encouragement to mothers and children at the inspections, film strips and flannelgraphs have been used. Suitable posters have been circulated for exhibition in schools, and the leaflet giving particular advice with regard to smoking and lung cancer, has continued to be issued. The number of requests for talks, both to children and to the Parent-Teacher Associations, however, continues to be rather disappointing.

Sweep Testing of Hearing

Three hundred and twenty-three schools, plus 19 in the "excepted" district, have been visited and nearly 5,000 children tested. This required the re-testing of some 1,200 children, including children specially brought to notice, of whom over a fifth needed to be referred to School Medical Officers for further examination. Forty-three of these children were referred to the Ear, Nose and Throat Surgeons and 32 to their own Doctors ; 13 were already attending hospital. Of those who saw the Ear, Nose and Throat Surgeons, only 10, plus 3 who left the County, did not require treatment or operation.

Deaf and hard of hearing children attending ordinary schools

The number of children now being care for by the Peripatetic Teacher of the Deaf had doubled by the end of 1959 as compared with those first under the teacher's care when he was appointed. Of 145 children attending 101 schools, 107 have hearing aids. The teacher paid 212 visits to schools and is giving speech and auditory training with remedial work to 27 children at 8 centres. As so far it has not been possible to appoint a second peripatetic teacher all the partially deaf children needing additional help are not able to have it.

It is encouraging and evident from the additional number of partially deaf children referred for early assessment that there is a growing awareness among teachers and parents of the needs of these children.

There are 220 children on the Hearing Assessment Clinic register at the Gloucestershire Royal Hospital and 47 new cases attended during the year, of whom 4 were under the age of 2. Other children have received help through the Cirencester Ear, Nose and Throat Surgeon, and through the Bristol City and Bristol Children's Hospital Assessment Clinics. Some partially deaf children are being enabled to be educated in ordinary schools but it is urgently necessary for pre-school children to be referred at an early age. The Welfare Officer visits children who attend special schools during the holiday period to help and advise the parents and she also attends the Assessment Clinic and training sessions at the Royal Hospital.

A few school leavers continue their education at Cheltenham Technical College ; one who, although very deaf, has good lip reading and language, is pursuing a Domestic Science Course ; another is taking a typing course. These two pupils, with auditory training, should make good progress, but there are still too many children, leaving residential schools for the deaf, who need further education in auditory training, lip reading and speech, but for whom there are as yet no full facilities owing to shortage of the appropriately trained workers.

TREATMENT SERVICES

Minor Ailments

There has been no change in the arrangements and the number of children attending Minor Ailment Clinics continues to fall.

Orthopaedic Clinics

The work of the After-Care Sisters has continued on the same lines and they work closely with General Practitioners and the Orthopaedic Surgeons. (See Table 4, page 21).

Speech Therapy

The scheme for speech therapy is also unchanged. (See Tables 5a, 5b, page 21).

HANDICAPPED PUPILS

Educationally Subnormal

Table 6 shows the number of children examined and the recommendations made.

The number of pupils awaiting placement at the end of the year was 424, i.e., 68 less than for the previous year. The fall was in the number of children recommended for residential places. The total of 424 included 256 children for day school places and 168 for residential accommodation. At the end of 1958, when the waiting list stood at 492, there were 260 pupils for day and 232 pupils for residential E.S.N. schools. In 1959, 235

children were newly assessed, and 131 newly placed, in this category. Old Dean Hall Day Special School with 60 children, has been extended to take a further 20 by the opening of a class attached to Ellwood Primary School. This class caters for 12 and 13 year olds and is supervised by the Headmaster of Old Dean Hall. It has provisionally met the immediate difficulty of children at this age who otherwise had to return to the ordinary school.

At Amberley Ridge Special Residential School extensions to cater for 100 children are to be provided in the coming year. At the end of the year there were 53 pupils in attendance, 47 being boarders (24 of them boys) and six day pupils. Forty pupils, when the new accommodation is completed, will attend as day children (an extra 34 day places). An increasing number of children present other handicaps in addition to the major one of backwardness. At the end of the year 9 of the resident pupils were epileptic, 7 physically handicapped, 10 had more than mild behaviour difficulties and 7 had defects of speech.

At the beginning of the year a remedial adviser on the teaching of backward children was appointed. Her survey of the North of the County has indicated that 17 per cent of pupils in primary schools require special educational treatment. These particularly are children in the 8 to 9 year group. At the beginning of the year a special class for 20 children who were backward existed at Little Stoke. This class at the year's end was absorbed in the new Stokesbrook Day E.S.N. School at Filton. The problem of backwardness in Tewkesbury and Cirencester areas was such that the provision of a peripatetic teacher was made at the end of the year. In each of these areas 30 children are given special assistance weekly. Eventually it is hoped to have a similar peripatetic teacher based on Bourton-on-the-Water. In September 1959 a further special class was established at Charlton Kings.

The number of children in school referred for investigation as educationally subnormal was 235 in 1949. Ten years later the number is 536. This indicates an increasing awareness by teachers of the value of assessment.

In the South of the County the proportion of children referred for ascertainment from schools is still much lower than from other parts of Gloucestershire. It is difficult to believe that there are a smaller number of educationally subnormal children in that part of the County and this has been borne out by the review made by the Remedial Adviser on the Teaching of Backward Children.

Physically Handicapped

There has not been the same difficulty in placement. At the end of 1959, 53 children were in special schools, eight of them newly placed during the year. Seven children were receiving tuition in hospital special schools. Within the County 33 children attended the special school in Standish Hospital. In addition a further 33 children were receiving tuition in other hospitals outside the County. Twenty-one children with physical handicaps were on home tuition and 4 were awaiting this help at the end of the year. Three of these were spastics.

During the year one boy sent for assessment to Hawksworth Hall was returned as being ineducable.

Speech Defects

As in other years the advice of the Medical Director of the Moor House School was sought in several instances.

Epileptics

The teaching staffs in ordinary schools coped well with the number of children with this disability. Nine children were accommodated residentially, 3 of these having

been newly placed during the year. Eight of the boarders are in the Lingfield Colony School and one at the St Faith's School in Brentwood, Essex. One pupil was assessed as requiring special schooling and at the end of December no child was awaiting placement.

Maladjusted Children

There were 11 in schools for maladjusted children and 10 in hostel accommodation. A further 10 were placed in independent schools and 4 were on the waiting list for boarding education at the end of the year. During the year 9 children were newly ascertained. A greater use has been made of independent schools by the Child Guidance Service. This appears to meet the need of some pupils affected with this handicap. Hostel provision, with attendance at ordinary day schools, might be a more economical method of meeting the need.

Delicate

In residential special schools there were 13 children and 6 were attending at special day schools. One child was placed in a diabetic hospital. Two were receiving home tuition. The new assessments during the year amounted to 11. The number of children in this category has continued to fall. The number of children placed short-term has also been less ; delicate pupils now, in most instances, stay for considerably longer periods. In a large proportion of these cases the families are recognised as problem families or have problems which are not easily resolved. Some of them have not readily agreed to a long stay for the delicate child. The number of children placed because of general debility and asthma is falling off.

Blind

During the year 8 children were in special schools. One day pupil attending at Bristol was transferred to the Royal Normal College, Shrewsbury, as a boarder.

Partially Sighted

During the year 17 partially sighted children were receiving special educational treatment in Exhall Grange School. There has been no difficulty in placing these pupils in this school despite the reorganisation there. At the end of the year 3 pupils were awaiting placement and of these in two instances the parents had refused to allow their children to go away to school.

Deaf

There were 31 children in deaf residential accommodation, one more than in the previous year. Eight pupils were attending daily. Most of the children are accommodated in the Royal West of England School for the Deaf in Exeter and the Royal School for the Deaf in Birmingham. Four were in the Nursery Section in Donnington Lodge.

Home Tuition

At the end of 1959, 31 children were on home tuition. Two of these were delicate, 21 physically handicapped and 3 educationally subnormal. This provision is of the utmost benefit to children prevented by prolonged illness or handicap from attending any school. Peripatetic teachers give instruction in the child's own home, the amount of instruction being restricted by the child's condition. Both children and parents gain immeasurably from this service.

Hospital Tuition

Seventy-three children received education in Hospital Schools. (See Table 7, page 23)

CHILD GUIDANCE SERVICE

Cheltenham, Gloucester and North County Child Guidance Clinics

Throughout 1959 these Clinics were without a full-time Medical Director. In addition, there were absences from sickness amongst the Clinic staff. Work has had to be dealt with under difficult conditions by two part-time psychiatrists and the situation was reflected in the waiting list when the year closed (Table 8, page 23). It was hoped that a full-time Medical Director would be appointed by the Regional Hospital Board early in 1960.

South Gloucestershire Child Guidance Clinics

There has been a small but steady decrease of children referred each year since 1956 to this service. Table 9 (page 25) details the work carried out in 1959.

MILK IN SCHOOLS

At the 31st December, 1959, the number of departments receiving pasteurised milk was 508. Five were on a Raw Tuberculin Tested supply, compared with 9 in 1958.

Seven hundred and twenty Pasteurised and 18 Tuberculin Tested milk samples were taken and 8 pasteurised samples failed the prescribed tests.

There were 6 failures in the Raw Tuberculin Tested milk samples, all of these the result of poor keeping quality. All the Raw Milk samples were submitted for biological examination and evidence of *Brucella Abortus Bacilli* was found in one sample.

The percentage of children on the roll taking milk at all schools was 76.6 per cent, being highest (89.9 per cent) in the Primary Schools and lowest (57.3 per cent) in the Secondary Schools.

SCHOOL MEALS SERVICE

The number of meals increased from 8 million to 8,240,000. Approximately 40,000 meals were served each school day. The percentage of school children taking meals increased by 1.6 per cent to 57.8 per cent. The percentage of children receiving free meals was 5 per cent.

At the end of the year there were 261 self-contained canteens, 138 dining rooms and 7 central kitchens.

TUBERCULOSIS

Following the report that a teacher was suffering from active pulmonary tuberculosis, arrangements were made for tuberculin tests and X-ray examinations where necessary. The parents of one child refused to co-operate. Fifty-five children gave negative reactions and four positive, one of whom had already been vaccinated with B.C.G. The children with positive skin tests all had normal X-ray examinations.

Information was also received that a child at a Secondary School had been admitted to hospital suffering from extensive adult type tuberculosis of the lungs. Investigations were made at the school without revealing a source there. One hundred and eighty-nine children and members of staff had X-ray films which were all normal.

Mass X-ray Examinations

As a result of the publication of the Adrian Report which advised that repeated Mass X-ray of children without special precautions, and particularly of children who were not at risk from tuberculous infection, was not without possible danger, arrangements for routine Mass X-ray examination have now been discontinued. It will, however,

still be essential in the follow-up of tuberculous contacts or at schools where I am notified that an infectious tuberculous case has been found. The results of the examinations carried out and the reports of the Chest Physicians on school children found with tuberculosis are shown in Table 10 (page 26).

INFECTIOUS DISEASES

Regular returns from head teachers have been discontinued and a report is now only required when infectious cases actually occur. Unfortunately on a few occasions head teachers have forgotten to inform me when infection has occurred amongst staff or pupils.

Table 11 (page 27) shows the number of children reported by the teachers to be suffering from infectious diseases, excluding the Cheltenham "excepted" district. The total shows the biennial variation of measles, an increase in scarlet fever which is still a mild disease, and a fall in the number of cases of whooping cough. There were again no cases of diphtheria. There has been a fall in the number of children with impetigo. 1958 was a particularly low year for influenza but the 1959 figures were not outstandingly high.

Food Poisoning

Three boys and three girls were notified in the course of the year as suffering from food poisoning. The infection appeared to be mild and was not associated with the meal taken at school. There was, however, an outbreak of food poisoning following a school meal ; 42 children and 5 teachers were affected. Unfortunately the cook had not obeyed the instructions of the School Meals Organiser always to keep a sample meal, but circumstantial evidence pointed to the source of infection as a meat dish which had been cooked the previous day and not stored in the refrigerator overnight. This again was contrary to instructions. This is the first outbreak associated with the school meal service for at least five years. Previous outbreaks have nearly always been due to the meat dish either partially or wholly cooked on the previous day but not quickly cooled and refrigerated overnight. Fortunately the outbreak was mild and all affected recovered rapidly.

Poliomyelitis

In the course of the year one child in the 5 to 15 age group was notified (non-paralytic). In 1958 there were 4 notifications (1 paralytic). These are confirmed cases from corrected notifications. In 1957 there were 15 cases (10 paralytic). It may well be that this reduction in the number of cases was due to vaccination.

Poliomyelitis Vaccination

Twenty-two thousand, seven hundred and ten children aged 6 months to 16 years received their first course of poliomyelitis vaccine, making a total of 96,267 vaccinated in this group since the scheme for this prophylactic procedure began in 1956. At the end of the year 400 children required second injections and 278 were awaiting their first inoculation. Third injections were provided and by the end of 1959, 68,102 persons had been given this reinforcement. The response among school children has been very high and I am grateful for the assistance given by teachers and to their tolerance of the frequent interruptions in their teaching programme which this undertaking has entailed.

Diphtheria Immunisation

During the year 1,623 children were immunised for the first time and 10,902 received maintenance doses. These figures compare favourably with 1958, when 429 first injections and 5,650 reinforcing injections were given. The percentage of children aged 5 to 14 who had been protected was 77.5 per cent (73.8 per cent in 1958). The percentage whose course had been completed within the preceding 5 years increased to 40.2 per cent from 38.3 per cent.

B.C.G. Vaccination

The procedure described in my Annual Reports for the years 1955 and 1958 has continued. Table 12 (page 27) gives details of the results during the last three years. The "grand total" refers to all children who have been tested since the scheme was extended to 13-year olds in October, 1954.

The acceptance rate of 65.9 per cent could very well be improved, particularly because of the valuable protection afforded at a time when children will be leaving school and thus be exposed to the risk of infection with pulmonary tuberculosis. During the year the scheme was extended to include 12 year old children, and also older children whose parents had reconsidered and now wished to take advantage of the offer of B.C.G. vaccination.

We continued to participate in the Oxford Regional Hospital Board's survey on B.C.G. vaccination.

RECUPERATIVE HOLIDAY HOMES

Twenty-seven children were admitted to Recuperative Holiday Homes, normally for minimum periods of four weeks.

HOLIDAY CAMPS FOR DIABETIC AND EPILEPTIC CHILDREN

During the year only one diabetic child attended a holiday camp specially catering for this disability.

EMPLOYMENT OF SCHOOL CHILDREN

One hundred and thirty-two applications were received in respect of pupils wishing to undertake part-time employment. Four applications were subsequently withdrawn, 2 children on medical examination were found to be unfit and 126 certificates of fitness for part-time employment were issued, compared with 215 in 1958.

CHELTEHAM EXCEPTED DISTRICT

A report by Dr T. O. P. D. Lawson of work carried out by the School Health Services in Cheltenham is given on page 13.

DENTAL REPORT (Pages 15 to 19)

Mr Smyth's report on the Dental Service refers again, not unexpectedly, to the shortage of Dentists, the increase in caries caused by excessive and prolonged sweet eating and is a strong reminder of the grave position in regard to the dental condition of children, not only in this County but throughout the country. It is, however, a matter

of some little consolation to realise since the war the Authority has managed to treble the number of Dental Officers employed by them and provide 21 clinics in which first-class work can be carried out, together with an Orthodontic Service and a Dental Laboratory. Mr Smyth feels also that there is evidence that Dental Health Education promises to give good results. It is believed that employment of a whole time Dental Education Officer is without precedent in England and Wales.

The work in the School Health Service could not be carried out without the complete co-operation of the Committee and its staff, including head teachers, and I am grateful to them and to all members of my own Department for all the willing assistance and help they have given.

I am,

Your obedient Servant,

GEO. F. BRAMLEY,

Principal School Medical Officer.

REPORT OF SCHOOL HEALTH SERVICE FOR CHELTENHAM EXCEPTED DISTRICT. 1959

Dr T. O. P. D. Lawson, Borough Medical Officer of Health

The staff of the Cheltenham School Medical Department includes 2 School Doctors and 3 School Nurses, who carry out the duties under the Borough School Medical Officer.

(1) *Medical Inspection at the Schools*

All children admitted to the Infants Schools are examined for defects during their first year at school and full examinations are also made during the year in which they are 8 years old, after entry to a secondary school when they are 12 years old and in the last year of their attendance at a secondary school.

In addition, older pupils, are examined before they leave school at the higher age groups in Pates Grammar School for Girls, the Boys' Grammar School and the Technical High School.

Parents are invited to be present at these examinations and if defects are found the children are referred to the family doctor and are re-inspected at school two or three times during the year if necessary.

(2) *School Clinic and Treatments*

MINOR AILMENTS. The Central Clinic is open on the afternoons of Monday, Wednesday and Friday and on Saturday morning for children brought by parents or referred by teachers for the treatment of abrasions, skin diseases, ringworm, etc. The School Doctors supervise the treatments and, when desired, examine children brought by parents.

Additional clinics are held at Whaddon School on Tuesday afternoons, at Elmfield School on Thursday afternoons, at Lynworth School on Monday afternoons and a clinic is also held at St Paul's School once a week. During the school holidays clinics are held each morning during the week at the Municipal Offices.

(3) *Prevention of Tuberculosis*

B.C.G. Vaccination was commenced in 1954 and has become a component part of the School Health Service. Although the effectiveness of this form of vaccination has been established, it has never been as popular as other prophylactic measures. For the first time the acceptance rate was just over 60 per cent. Vaccination is now being extended to include children over the age of 14 years.

(4) *Ascertainment of Educationally Sub-normal Children*

Excellent co-operation has been maintained with the Day Special School. In addition to the normal ascertainment before entry to the school, children whom the headmaster considers could be sent back to the ordinary school are re-ascertained each term by the School Medical Officer. Several children have already been returned to the ordinary school.

The Ministry of Education has now sanctioned a secondary Day Special School in Cheltenham. A site has been selected and when the school is completed the Education Committee will be able to provide the full range of educational treatment for these children.

(5) *Diphtheria Immunisation*

The rate of diphtheria immunisation is beginning to rise again after a temporary fall due to the priority given to poliomyelitis vaccination over the last two years.

(6) *Dental Treatment*

The school dental service continues to function satisfactorily and adequately with the two full-time dental officers and dental attendants. A part-time attendant was employed during the year, for two sessions per week, to attend children in the recovery room after an anaesthetic.

(7) *Orthopaedic Defects*

A Physiotherapy Clinic is available as part of the School Health Service. Children can be referred for exercises and ultra-violet light treatment. Progress is watched and children are re-inspected at school.

(8) *Speech Defects*

One full-time speech therapist is employed and regular sessions are held at the central clinic and in schools throughout the town.

(9) *Poliomyelitis Vaccination*

Poliomyelitis vaccination has continued throughout the year on a much enlarged scale. The entire school population is now being covered. The availability of vaccine has improved and no vaccinations need be delayed due to lack of supplies.

(10) *Audiometry in Schools*

During the year audiometer testing of all school children in the borough who were 6 years of age has continued and also includes any other children referred by Head Teachers. An organised programme is arranged and children in nineteen schools have been tested. This has provided a very useful addition to the School Health Service.

ANNUAL REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER

J. F. A. Smyth, L.D.S., R.C.S.Eng.

The problems of lack of staff and the high incidence of dental decay cannot but oppress the minds of those statutorily responsible for providing "comprehensive facilities for free dental treatment" for children at maintained schools. The scope of the county dental service is comprehensive, but the facilities are limited by manpower shortage. Although so much cannot be done that should be done, it is useful to take stock of what has been achieved since the 1944 Education Act came into force. Since 1946 the number of dental officers has been trebled, 16 fixed and 5 mobile clinics have been provided, an orthodontic service instituted, a dental laboratory established and dental health education greatly expanded. This is a record of which any local authority may justly be proud. Ensuing sections deal with developments during the year in each of these fields.

Staff

At the end of the year there were 13 whole-time and 6 part-time dental officers in post. The total whole-time equivalent of these amounted to 14.6 officers, compared with 13.6 on 31.12.58 and 15.25 on 31.12.57. Owing to staff changes during the year the total number of sessions worked was 680 less than in 1958, equivalent to an average diminution in staff of one and a half officers. Recruitment improved towards the end of the year, but only brought the staff up to 56 per cent of establishment.

Anxiety is felt not only at the lack of recruitment (due largely to the national shortage of dentists) but at the failure of the service to attract young and able dentists wishing to make the service their career. Not only does this imply an "ageing" service, but a dearth of suitable officers with an active interest in all the aspects of dental health for children to fill senior posts and to supervise the work of the proposed dental auxiliaries. Applications for training at the General Dental Council's School at New Cross (due to open in September, 1960) have been far in excess of the places available. The first batch of girls trained for this experimental scheme will be placed in the local authority service in 1962. It is necessary to plan now not only for clinic accommodation for them, but for sufficiently experienced dental officers to prescribe the treatment they will carry out.

During the year the new post of area dental officer for the Southern half of the County was approved, and Mr J. P. B. Pengelly was appointed in May. Not only has this been a great help to me, but the more frequent contact with dental officers in the South has been appreciated by them. Such posts also give an opportunity for dental officers to gain wider experience and should help to encourage recruitment by increasing opportunities for promotion in the service.

Dental Clinics

The new clinics opened in Dursley and Cirencester have facilitated dental work in both areas. It is in principle sound that a dental clinic should be part of an all-purpose one, but in practice problems arise in the joint use of the main hall for access or as waiting room. These problems require further study in future designs. Work was started on the new Downend clinic during the year, and a site found for a clinic at Churchdown.

The second "Kingston Queen" mobile clinic, purchased in 1950, was replaced by a "Gloster." All five mobile clinics are now of this type, which was designed and made in the County, and is used by fourteen other authorities.

Inspection of Schools

The following table shows the decline in the percentage of the school population inspected. The decline is less than might have been expected from the lower average staff level.

Table A

	1955	1956	1957	1958	1959
Percentage of school population inspected					
(a) Routine	41	41	41	42	39
(b) Routine and specials	49	49	48	50	46
Percentage found to require treatment	80	79	79	77	77
Percentage treated of those offered treatment	65	69	61	63	60

There was a further decline in the acceptance rate, as based on the percentage treated. In general, acceptances are highest in primary schools in rural areas and lowest in secondary schools.

It must again be pointed out that the 23 per cent recorded as not requiring treatment include those who had previously been treated by county staff or general practitioners. This figure is, therefore, no guide to the incidence of decay, for which no statistics are available. The impression was formed in 1958 that the increase in decay from 1948 onwards had stabilised. This impression was strengthened by observations during the year, although it cannot be proved statistically.

As in 1958, it was estimated that 7 per cent of those requiring treatment were receiving regular attention from general practitioners. A much larger number pay sporadic visits to their "own dentists," but does not receive complete treatment.

Treatment

The following table shows the average treatment carried out per 100 children treated. The steady decline in the total number of extractions is a welcome indication that the more severe type of decay is less prevalent among those accepting treatment. This decline gives further grounds for believing that the incidence of decay has been stabilised, and even that it may have been slightly reduced. The ratio of 5.2 teeth filled to every one extracted as unsaveable is satisfactory for an understaffed service.

Table B
Treatment per 100 children treated

	1955	1956	1957	1958	1959
Fillings					
Permanent teeth	170	170	172	174	172
Fillings					
Temporary teeth	19	15	14	15	15
Total Extractions	160	154	151	135	133
Ratio of permanent teeth filled to permanent teeth extracted for caries	5.9 to 1	5.0 to 1	5.2 to 1	5.1 to 1	5.2 to 1

Details not shown separately in Part IV are as follows :—

Dressings : Permanent Teeth	...	...	2,398
Temporary Teeth	...	...	511
Silver Nitrate Treatments	...	...	425
X-rays	...	...	1,573
Scalings	...	...	381
Teeth extracted with Local Anaesthesia	...	...	3,240

Orthodontics

The appointment of Mr G. D. Everard as whole-time orthodontist filled the gap left by the resignation of Mr McGonigal in September, 1958. The orthodontic service was further strengthened by the appointment of Mrs J. M. Popplewell as part-time orthodontist in the South of the County. By the end of the year, the extensive waiting lists for treatment at many clinics had been reduced and the maximum waiting period between referral and treatment was not more than 3 months. Bristol Dental Hospital offered honorary clinical assistant posts in the orthodontic department to both Mr Everard and Mrs Popplewell for one session a week each. This appointment has the advantage of keeping them in close touch with all developments in the academic field, and enabling consultant advice to be obtained for the exceptionally complicated cases.

The treatment figures (given in Part IV) follow closely the totals of 1958, except that more new patients were taken on and the number of appliances fitted increased by 60 per cent. Treatment by extractions only was carried out for 44 children. Of the 83 children for whom treatment was discontinued, 20 were transferred to other authorities on leaving the district. The number who failed to complete the whole course of treatment represented 9 per cent of the total treated. Although most of these received some benefit, much of their treatment was necessarily wasted. Selection of suitable cases (requiring a willingness of both the parents and the child to co-operate for a period of three or four years) is a most difficult problem.

General Anaesthetics

Specialist or general practitioner anaesthetists (in Cheltenham a medical officer) attended the equivalent of 283 out of a total equivalent of 413 "gas" sessions for school children. A second dental officer gave anaesthetics at the remaining sessions. Part-time dental attendants were employed to assist at medical anaesthetic sessions.

Evening Sessions

Two 2-hour evening sessions were worked by Mr Everard, the County orthodontist, at Gloucester and Stroud. It was evident that pupils at secondary schools in particular were glad of the opportunity to attend the clinic outside school hours. Mr Willetts also worked two similar sessions per week at Tewkesbury and reported good attendances.

Laboratory

To deal with the increased orthodontic work, an additional technician was appointed in October. An apprentice was taken on in September. He attends the Matthew Boulton Technical College in Birmingham one day a week for theoretical instruction.

The table below gives the laboratory work for school children. In addition, dentures for expectant and nursing mothers, and dentures and appliances for the North Gloucestershire clinical area and Gloucester City were made in the County laboratory.

Table C

<i>Orthodontic Appliances</i>	<i>Dentures</i>	<i>Repairs</i>	<i>Crowns</i>	<i>Study Models</i>	<i>Other Mechanical Operations</i>	<i>Total No. of Operations</i>
557	173	31	10	1153	36	1960

Dental Health Education

The steadily increasing effort to interest the public in the prevention of dental disease was further forwarded by the appointment in September of Miss M. D. Ryley as dental health education officer. Such an appointment is, so far as is known, without precedent, and underlines the importance attached by the authority to prevention. The intrinsic desirability of preventing or lowering the incidence of dental decay is made the more urgent by the shortage of dentists to treat defects.

It is now well recognised that by far the greatest single cause of decay is the continual eating of sweet and sticky substances throughout the day. Since it is normally impossible to use a toothbrush or rinse the mouth except after meals, these practices, useful as they are, will have little effect if the habit of eating sweets, biscuits, etc. between meals continues. If dental health education is to have any real effect on reducing decay, it must, therefore, necessarily concentrate first and foremost on limiting to meal-times the eating of sweet and sticky foods. The knowledge that the "sweets between meals" habit is the major cause of tooth decay is spreading slowly but surely in the County, and evidence accumulates that parents are alive to the dangers. Health education can never be judged by its apparent short-term results (or lack of results) since its effectiveness is cumulative. Nevertheless, the indications quoted earlier of a stabilising of the increase of decay during the last two years are definitely encouraging.

Since the sweet-eating habit is formed early in life, the educational work of Mrs Judd, the dental hygienist, was concentrated on the mothers of young children, apart from the instruction given to every one of the school children for whom she carried out scaling and polishing. Miss Riley's appointment enabled this work to be extended to schools on a greatly enlarged scale. It would be unfair to draw any conclusions from one term's work, most of which was necessarily experimental. But it can be said that the interest shown by both teachers and children, and the willing co-operation given by heads of schools, provided the most promising augury for the following year. A number of talks was given to parent-teacher associations.

Serious concern is felt at the increasing number of schools which sell biscuits and other forms of "tuck." To advocate an outright ban on school "tuckshops" might well be unrealistic, but it is possible for schools to sell less harmful things than biscuits. Apples are clearly the ideal, and in an apple-growing county it should be possible to make a supply available to schools at reasonable prices. Storage and perishability are admittedly more of a problem than the biscuit in its tin, but these difficulties do not apply to the sale of potato crisps, nuts and dried fruits, all of which are less harmful to the teeth. It is hoped that 1960 will show real progress in tackling this problem.

A dental health exhibition was given in Cheltenham in connection with "Safety Week." Interest in the work of the authority on prevention is widespread. At a demonstration on the work of the local authority dental services at the Clinical Conference of the British Dental Association, it was possible to devote half the large stand allocated to preventive services. Later in the year, the General Dental Council requested a demonstration of our work, and this was attended by the Dental Health Committee of the B.D.A. and the Public Relations Branch of the Ministry of Health.

In May I had the opportunity of inspecting children in Slough who had spent their lives in an area with 0.9 p.p.m. of fluoride in the water supply. These children had most strikingly beautiful teeth, and the small amount of decay was almost entirely confined to the pits and fissures on the occlusal surfaces. Over 100 children were seen, and only one of these had had decay in a front tooth. If Gloucestershire had 1 p.p.m. of fluoride in its water supply, the problem of staff shortage would become much less acute and the children would have the great benefit of naturally healthy teeth. Opponents of fluoridation maintain that it implies a danger to general health, and that its safety is not proved. But generations of people have drunk water containing 3 to 6 times the amount of fluoride necessary for decay-resistant teeth, and no ill effects have been observed. This simple fact has become obscured in the welter of figures produced and disputed by both sides of the fluoridation debate.

Conclusion

A successful dental service depends on co-operation—between dental officer and dental attendant, with heads of schools, with orthodontists, hospital and ancillary services, and between medical, dental and office staff. Thanks are due to all who have co-operated so well to enable a smooth and integrated service to be maintained within the limits of available staff.

STATISTICAL TABLES

TABLE I

(a) Periodic Medical Inspections

	Entrants (First Age Group)	12 years (Second Age Group)	14 years (Third Age Group)	Total	Additional Periodic Inspections	Grand Total
County Excepted District	6,010	1,615	4,078	11,703	2,829	14,532
County Excepted District	1,071	1,171	800	3,042	1,417	4,459
Whole County	7,081	2,786	4,878	14,745	4,246	18,991

Included in the figures for additional periodic inspections referred to above are the examination of 8 year old pupils which is a limited examination.

(b) Other Medical Inspections

	Special Inspections	Re-inspections	Total
County Excepted District	1,056 55	13,577 752	14,633 807
Whole County	1,111	14,329	15,440

TABLE 2

(a) Incidence of Defects Requiring Treatment
(per 1,000 periodic inspections)

				1956	1957	1958	1959
Visual Defects*	...	...	...	46.4	44.9	67.0	65.0
Squint	...	...	...	6.3	7.0	10.3	14.4
Skin Conditions	...	...	...	7.1	8.2	13.5	14.9
Heart	...	...	...	1.6	1.0	1.7	1.5
Lungs	...	...	...	3.6	3.5	5.2	4.8
Hernia	...	...	...	1.2	1.1	1.1	1.0
Otitis Media	...	...	...	3.3	2.5	4.4	2.6
Posture	...	...	...	6.3	6.5	5.7	5.5
Flat Feet	...	...	...	9.9	11.5	19.0	21.3
				85.7	86.2	127.9	131.0
Children attending periodic inspections				32,080	29,306	22,237	18,991

*excluding entrants group

(b) Visual Defects (less Entrants)

		1956	1957	1958	1959
Referred for treatment	...	1,488	1,317	1,488	1,194
Referred for observation	...	2,162	2,083	1,270	808
		3,650	3,400	2,758	2,002
Incidence per 1,000 periodic inspections		113.7	116.0	124.2	168.2

(c) Squint

		200	205	228	273
Referred for treatment	...	297	287	142	172
Referred for observation	...				
		497	492	370	445
Incidence per 1,000 periodic inspections		15.5	16.8	16.7	37.4

TABLE 3

Height and Weight Survey for 1959

Ages	Number measured		Height (inches)		Weight (lbs.)	
	Boys	Girls	Boys	Girls	Boys	Girls
5 years	...	2,789	43.5	43.0	43.2	42.0
8 years	...	666	48.7	49.0	57.0	56.5
12 years	...	1,235	58.0	58.5	85.5	89.5
14 years	...	2,796	62.7	61.5	110.7	111.5
17 years	...	150	67.5	64.0	139.7	126.0

TABLE 4
Orthopaedic Treatment

(1) <i>Clinics</i>							
(a) Consultations :							
School children ...	...	...	...	...	3,296		
(b) Treatment, etc. :							
Classes ...	...	...	...	...	528		
Heat and Massage	...	...	...	...	6		
Individual ...	...	...	...	...	2,306		
Plaster ...	...	...	...	...	52		
						<hr/>	
Total ...	...	...	...	...	2,892		
						<hr/>	
(2) Children seen at school :							
Advice ...	...	...	...	...	...	337	
Treatment ...	...	...	...	...	...	218	
						<hr/>	
Total ...	...	...	...	...	...	555	
						<hr/>	
(3) Children seen at home :							
(a) Advice :							
First visits ...	...	...	...	...	312		
Subsequent visits	...	...	...	...	1,117		
						<hr/>	
Total ...	...	...	...	...	1,429		
						<hr/>	
(b) Treatment and Plasters :							
First visits ...	...	...	...	...	235		
Subsequent visits	...	...	...	...	1,469		
						<hr/>	
Total ...	...	...	...	...	1,704		
						<hr/>	

TABLE 5
(a) Speech Therapy

Clinics held ...	...	...	...	...	...	...	1911
Sessions for School Visiting/Clerical	...	...	...	...	...	...	511
Consultations ...	...	...	...	...	...	...	832
Treatments Given ...	...	...	...	...	...	...	8153
Children Admitted ...	...	...	...	...	...	...	345
Children Discharged	...	...	...	...	...	...	385
Register, 31st December	...	...	...	...	...	...	762

(b) Number of Children Discharged

	Stammer Boys Girls		Stammer and Dyslalia Boys Girls		Dyslalia Boys Girls		Cleft Palate Boys Girls		Other Disorders Boys Girls		Total
Provisionally cured ...	24	4	4	—	112	56	—	1	3	2	206
Much Improved	24	4	2	1	30	19	—	—	2	1	83
Slightly Improved/ Unco-operative	8	2	—	—	11	3	—	—	1	2	27
No Improvement	—	—	—	—	6	1	—	—	3	—	10
Left District and School	11	—	—	—	32	14	1	—	—	1	59
Total	67	10	6	1	191	93	1	1	9	6	385

TABLE 6
Educational Subnormality

Year	Resi- dential Special School	Day Special School	S.E.T. in Or- dinary School	Normal (Ordin- ary School)	Referred to Mental Health Authority			Total No. of Exam- inations
					Ineduca- ble	Inexped- ient to educate with other Children	For Supervi- sion after leaving School	
1945-50	461	17	187	96	257	1	41	1,060
1951	67	3	57	67	46	—	38	278
1952	92	19	52	32	53	—	37	285
1953	86	26	101	26	53	1	47	340
1954	131	122	172	32	54	1	52	564
1955	85	82	137	29	41	—	45	419
1956	99	81	147	19	50	3	77	476
1957	65	114	156	22	37	1	49	444
1958	63	132	167	11	33	—	68	474
1959	65	170	130	31	34	—	69	499

In addition 30 children were examined during 1959 and considered not to require supervision after leaving school. There was, at the end of the year, a total of 204 children awaiting ascertainment.

TABLE 7**Hospital Tuition**

<i>Bristol</i>	Frenchay Park Hospital	...	...	...	...	7
	Royal Hospital for Sick Children :					
	Physically Handicapped	...	...	...	...	2
	Delicate ...	...	...	...	...	4
	Royal Infirmary :					
	Physically Handicapped	...	...	...	...	1
<i>Gloucester</i>	Royal Hospital	...	...	...	...	4
<i>Gloucestershire</i>	Standish Hospital	...	...	...	...	33
<i>London</i>	Hospital	...	...	...	...	1
<i>Oxford</i>	Winfield Hospital	...	...	...	...	1
	Park Hospital for Children	...	...	...	...	3
<i>Somerset</i>	Tone Vale Hospital	...	...	...	...	3
	(Children's Psychotic Unit)					
	Winford Orthopaedic Hospital	...	...	...	...	14
						<hr/>
						73
						<hr/>

TABLE 8**Cheltenham, Gloucester and North County Child Guidance Clinics**

		<i>Chelten-</i>	<i>Glouces-</i>	<i>Total</i>
		<i>ham</i>	<i>ter</i>	
1.	New Cases referred during 1959 :			
(a)	Court Cases	...	...	27
(b)	Independent Schools	...	...	13
(c)	Others	...	...	258
		<hr/>	<hr/>	<hr/>
		61	201	298
		<hr/>	<hr/>	<hr/>
2.	New Cases Fully Diagnosed with Psychiatrists	38	128	194
3.	Waiting List at beginning of 1959	...	...	107
4.	Waiting List at end of 1959	...	...	82
5.	No. of Cases Uneventuated in 1959	...	...	27
6.	Ascertainment or Partial Diagnosis only with Psychologists and P.S.Ws.	...	...	102
7.	No. that received Treatment, Coaching or Periodic Supervision	...	...	96
8.	No. of Old Cases re-opened in 1959	...	...	17
9.	Total Attendances for 1959	...	...	2962
10.	Failed Appointments	...	...	209
11.	No. of Cases Closed	...	...	32

			<i>Chelten-</i>	<i>Glouces-</i>	
			<i>ham</i>	<i>ter</i>	<i>Total</i>
12.	No. of Interviews :				
(a)	Psychiatrist (1)	134	218	22	374
	Psychiatrist (2)	12	199	161	372
(b)	Educational Psychologist (1)	174	490	34	698
	Educational Psychologist (2)	33	549	222	804
(c)	Psychiatric Social Worker (1)	219	308	12	539
	Psychiatric Social Worker (2)	44	403	74	521
13.	No. of School Visits	16	98	25	139
14.	No. of Home Visits	14	54	22	90
15.	Cases Transferred :				
(a)	Awaiting Placement in Maladjusted School				3
(b)	Awaiting Placement in Hostel				3
(c)	Placed in Maladjusted School				5
(d)	Placed in Boarding School				1
(e)	Placed in Hostel				4
(f)	Transferred for Hospital Treatment ...				6
(g)	Sent to Approved School				2
(h)	Placement in E.S.N. School				2
(i)	Awaiting Placement in E.S.N. School ...				6
(j)	Left District				7
16.	Analysis of Fully and Partially Diagnosed Cases according to Predominant Symptom :				
(1)	Nervous Disorders (including school phobia, anxiety, solitariness, excitability, depression, etc.)				17
(2)	Habit and Physical Disorders :				
(a)	Stammering, etc.				9
(b)	Night Terrors				3
(c)	Tics, etc.				3
(d)	Feeding difficulties, vomiting, etc.				2
(e)	Bed-wetting				63
(f)	Faecal Incontinence				8
(g)	Nervous pains, headaches, etc. ...				5
(h)	Fits—epileptic and hysterical ...				2
(i)	Asthma, eczema, etc. ...				7
(3)	Behavior Disorders :				
(a)	Disobedience, tantrums, aggression, etc.				84
(b)	Stealing				50
(c)	Wandering and truanting ...				5
(d)	Sex difficulties ...				4
(4)	Psychotic Behaviour (withdrawal, hallucinations, delusions, bizarre behaviour, etc.)				5
(5)	Educational Difficulties, (including mental retardation, reading and arithmetic difficulties, etc.)				23
(6)	For I.Q. Only and Advice to Schools and Parents, etc.				6
					296

TABLE 9

South Gloucestershire Child Guidance Clinics

Classification of Interviews :

Clinic :

Psychiatrist	1,105
Educational Psychologist	399

Total Clinic Attendances	1,504
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School Visits :

Educational Psychologist	52
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Home Visits :

Social Worker	354
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Other Visits and Interviews :

Educational Psychologist	57
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TABLE 10

Mass X-Ray Examinations

Miniature Films				Boys	Girls	Total
Number Examined	1,656	1,666	3,322
Total Recalled for Further Examination	...			21	17	38
Did not attend	...	...	...	—	—	—
Normal	...	...	...	14	12	26
Significant	...	...	...	7	5	12
Being Investigated	...	...	...	—	—	—

Tuberculous Conditions				Boys	Girls	Total
Active Tuberculosis	...	...	...	—	—	—
Inactive Tuberculosis	...	...	...	5	3	8
Under Observation	...	...	...	—	—	—

Two of the abnormal cases referred to above had been previously detected.

Of non-tuberculous conditions found one boy had a congenital heart, and one girl showed an abnormality of the bones of the chest wall.

The following information has been supplied by the Chest Physicians responsible for the Chest Clinics in respect of school children found to be suffering from tuberculosis during the year.

Age Groups	Pulmonary Primary Complex and Sequelae	Phthisis	Menin- geal	Miliary	Cervical Glands	Abdomi- nal and Hip	Total
5-9	4	—	—	—	—	—	4
10-14	2	2	—	—	—	1	5

Analysis of above cases

1. Mode of Diagnosis :	Contact Pick-up	...	...	...	...	3
	Mass X-ray examinations	...	...	...	...	2
	Hospital and others	...	...	...	...	2
	General Practitioner	...	...	...	...	2
2. Cases with a known source of infection	...	...	...	...	...	4
						Total 9

TABLE II

Infectious Diseases

Children reported by head teachers as suffering from infectious diseases

Disease		1959	1958	1957
Scarlet Fever	...	295	206	164
Diphtheria	...	—	—	—
Measles	...	2,656	1,217	3,167
German Measles	...	156	1,095	193
Whooping Cough	...	253	473	875
Mumps	...	1,316	1,169	2,352
Chicken Pox	...	2,130	2,371	1,767
Tuberculosis	...	—	—	1
Ringworm	...	17	24	36
Impetigo	...	67	117	166
Scabies	...	5	4	10
Others (Colds, etc.)	...	7,213	2,809	16,438
Total	...	14,108	9,485	25,169

TABLE 12

B.C.G. Vaccination

	1957			1958			1959			Grand Total 1954 to 1959
	County	Cheltenham	Whole County	County	Cheltenham	Whole County	County	Cheltenham	Whole County	
No. of Schools concerned	61	10	71	30	10	40	50	11	61	70
Invited	5,984	962	6,946	3,508	954	4,462	6,880	1,052	7,932	28,892
Accepted	3,871	375	4,246	2,399	561	2,960	4,533	634	5,167	17,924
Tuberculin Tested	3,709	368	4,077	2,210	515	2,725	4,671	537	5,208	16,987
Positive	699	59	758	398	76	474	677	56	733	3,105
Negative	3,010	309	3,319	1,812	439	2,251	3,994	481	4,475	13,882
Percentage Positive	18.8%	16.0%	18.6%	18.0%	14.5%	17.4%	14.5%	10.4%	14.1%	18.2%
Not Vaccinated	26	—	26	8	—	8	16	—	16	82
Vaccinated	2,984	309	3,293	1,804	439	2,243	3,978	481	4,459	13,800

TABLE 13

Deaths of Children of School Age

Children of school age (5-14 years) who died in the County in 1959, and the previous 3 years.

<i>Causes of Death</i>	1959	1958	1957	1956
1. Tuberculosis, respiratory		
2. Tuberculosis, other		
3. Syphilitic disease		
4. Diphtheria		
5. Whooping Cough		
6. Meningococcal infections		
7. Acute poliomyelitis		
8. Measles	I	I
9. Other infective and parasitic diseases	...	I		
10. Malignant neoplasm, stomach	...			
11. Malignant neoplasm, lung, bronchus				
12. Malignant neoplasm, breast	...			
13. Malignant neoplasm, uterus	...			
14. Other malignant and lymphatic neoplasms	4	5	I	5
15. Leukaemia, aleukaemia	...	I	3	I
16. Diabetes	I	
17. Vascular lesions of nervous system	...	I	I	
18. Coronary disease, angina	...			
19. Hypertension with heart disease	...			
20. Other heart diseases	...			I
21. Other circulatory diseases	...			
22. Influenza	...	I	2	
23. Pneumonia	...	3	I	2
24. Bronchitis	...	I	I	
25. Other diseases of respiratory system	...	2	I	
26. Ulcer of stomach and duodenum	...			
27. Gastritis, enteritis and diarrhoea	...		I	
28. Nephritis and nephrosis	...		I	I
29. Hyperplasia of prostate	...			
30. Pregnancy, childbirth, abortion	...			
31. Congenital malformations	...	4	3	
32. Other defined and ill-defined diseases	...	4	8	4
33. Motor vehicle accidents	...	6	5	8
34. All other accidents	...	5	5	2
35. Suicide	...			6
36. Homicide and operations of war	...		I	
Totals	...	32	34	27
				27

MEDICAL INSPECTION AND TREATMENT
Return for the year ended 31st December, 1959

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1960, as in Form 7, 7 M. and 11 Schools —73,888.

Part I—Medical Inspection of pupils attending maintained primary and Secondary Schools (including Nursery and Special Schools)

Table A—Periodic Medical Inspections

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	325	323	99.38	2	0.61
1954	3,618	3,595	99.36	23	0.64
1953	3,138	3,123	99.52	15	0.48
1952	537	531	99.89	6	1.12
1951	1,077	1,072	99.54	5	0.46
1950	195	195	100.00	—	—
1949	93	92	98.82	1	1.07
1948	145	145	100.00	—	—
1947	1,708	1,697	99.36	11	0.64
1946	1,078	1,069	99.16	9	0.83
1945	4,878	4,858	99.60	20	0.41
1944 and earlier	2,199	2,184	99.32	15	0.68
Total	18,991	18,884	99.44	107	0.56

**Table B—Pupils found to require treatment at periodic medical inspections
(excluding Dental Diseases and Infestation with Vermin)**

Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

<i>Age Groups Inspected (By year of birth) (1)</i>	<i>For defective vision (excluding squint) (2)</i>	<i>For any of the other conditions recorded in Part II (3)</i>	<i>Total individual pupils (4)</i>
1955 and later	6	62	64
1954	82	539	593
1953	88	442	488
1952	19	90	91
1951	111	176	263
1950	13	31	39
1949	11	17	25
1948	26	21	46
1947	203	245	413
1946	121	158	254
1945	464	465	858
1944 and earlier	267	234	468
Total	1,411	2,480	3,602

Table C—Other Inspections

Number of Special Inspections	...	...	...	...	1,111
Number of Re-inspections	...	...	...	...	14,329
Total	...	...	...	...	15,440

Table D—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses	...	...	...	...	...	...	...	...	88,258
(b) Total number of individual pupils found to be infested	...	...	...	...	...	...	...	...	714
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	...	...	...	...	257
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	...	...	...	...	2

Part II—Defects found by Medical Inspection during the year

Table A—Periodic Inspections

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin ...	78	190	113	155	93	93	284	438
5	Eyes— a. Vision ... b. Squint c. Other	217	702	618	514	576	294	1411	1510
6	Ears— a. Hearing ... b. Otitis Media c. Other ...	155	100	47	42	71	30	273	172
		27	46	30	40	32	30	89	116
7	Nose and Throat	88	301	37	120	45	147	170	568
8	Speech ...	264	1169	43	164	100	237	407	1570
9	Lymphatic Glands	53	157	17	19	39	32	109	208
10	Heart ...	40	426	2	45	7	92	49	563
11	Heart ...	11	138	14	75	4	87	29	300
12	Lungs ...	12	398	24	139	24	173	92	710
	Developmental— a. Hernia ... b. Other ...	24	56	2	15	6	19	19	90
13	Orthopaedic— a. Posture ... b. Feet ... c. Other ...	19	200	68	55	203	31	118	105
		165	426	121	302	119	190	405	389
14	Orthopaedic— a. Epilepsy ... b. Other ...	153	54	61	208	63	116	277	780
		8	11	16	22	25	11	49	750
15	Nervous System— a. Epilepsy ... b. Other ...	5	27	38	6	20	20	22	60
		17	136	13	245	30	280	43	112
16	Psychological— a. Development ... b. Stability ...	13	213	12	58	18	70	33	661
		18	75	5	19	10	42	43	341
17	Abdomen ...	60	115	31	146	22	74	113	136
	Other ...								335

Table B—Special Inspections

Defect Code No. (1)	Defect of Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	8	11
5	Eyes— a. Vision	191	249
	b. Squint	12	10
	c. Other	8	7
6	Ears— a. Hearing ...	65	160
	b. Otitis Media ...	2	17
	c. Other	3	9
7	Nose and Throat	29	86
8	Speech	9	21
9	Lymphatic Glands	3	23
10	Heart	2	4
11	Lungs	5	36
12	Development— a. Hernia ...		1
	b. Other ...		16
13	Orthopaedic— a. Posture	2	11
	b. Feet ...	18	13
	c. Other ...	21	22
14	Nervous System— a. Epilepsy	5	4
	b. Other	2	5
15	Psychological— a. Development	40	61
	b. Stability	11	36
16	Abdomen	5	8
17	Other	8	20

Part III—Treatment of Pupils attending maintained primary and secondary schools (including nursery and special schools)

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	179
Errors of refraction (including squint)	5,754
Total	5,933
Number of pupils for whom spectacles were prescribed ...	3,186

Table B—Diseases and Defects of Ear, Nose and Throat

						<i>Number of cases known to have been dealt with</i>
Received operative treatment—						
(a) for diseases of the ear	...	...	...	...	...	66
(b) for adenoids and chronic tonsillitis						1,304
(c) for other nose and throat conditions						215
Received other forms of treatment	...	...	...	...	...	223
Total	...	...	...	...	...	1,808
Total number of pupils in schools who are known to have been provided with hearing aids—						
(a) in 1959	...	...	...	...	...	15
(b) in previous years	...	...	...	...	...	114

Table C—Orthopaedic and Postural Defects

						<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	...	...	...	...	...	1,624
(b) Pupils treated at school for postural defects						105
Total	...	...	...	...	...	1,729

Table D—Diseases of the Skin

(excluding uncleanliness, for which see Table D of Part I)

						<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp	...	...	...	...	...	4
(b) Body						20
Scabies	...	...	...	...	...	5
Impetigo	...	...	...	...	...	93
Other skin diseases	...	...	...	...	...	77
Total	...	...	...	...	...	199

Table E—Child Guidance Treatment

	<i>Number of cases known to have been treated</i>		
Pupils treated at Child Guidance clinics	592

Table F—Speech Therapy

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	750

Table G—Other Treatment Given

					<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	...	...	...	...	1,743
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...		27
(c) Pupils who received B.C.G. vaccination	...	...	...		4,239
Total	...	...	...	...	6,009

Part IV—Dental Inspection and Treatment carried out by the authority

SCHOOL CLINICS

Clinic	Address						Services
Berkeley	High Street	...	...	...	S
			Hospital	...	...	...	E, ENT, O
Bishops Cleeve	Tythe Barn	...	...	...	O
Bourton-on-the-Water			County Clinic, Station Road			...	O
			Moore Cottage Hospital			...	E
Bream	Whitecroft Road	...	...	...	S
Campden	Youth Centre	...	...	...	S
Charlton Kings	...		Child Welfare Centre, London Road			...	O

<i>Clinic</i>			<i>Address</i>			<i>Services</i>
Cheltenham	...	...	Civic Playhouse Lounge County Dental Clinic, 1 Royal Crescent	...	...	O D
			33 St Luke's Road	...	...	CG
Chipping Sodbury	...	...	Ridgewood	...	...	D, E, O
Cinderford	...	...	17 Station Street	...	...	D, E, O, S
			Dilke Memorial Hospital	...	...	ENT
Cirencester	...	...	Watermoor Road	...	...	CG, D, S
			Memorial Hospital	...	...	E
Coleford	...	...	County Clinic	...	...	D, E, O, S
Downend	...	...	Buckingham Gardens, Downend, Fishponds	...	...	CG, D, S
Dursley	...	...	The Sandpits	...	...	D, E, ENT, O, S
Filton	...	...	Shield Road	...	...	D, E, O, S
Gloucester	...	...	Barrack Square	...	...	D, M, O, S
Kingswood	...	...	High Street	...	...	D
Lydney	...	...	Church Road	...	...	D
			Forest Road	...	...	S
			District Hospital	...	...	E, ENT, O
Moreton-in-Marsh	...	...	T.A. Site	...	...	D, S
			District Hospital	...	...	E
Newent	...	...	County Clinic, West Block, Newent School	...	...	O, S
Northleach	...	...	Oak House	...	...	O
Patchway	...	...	Rodway Road	...	...	CG, D, S
Soundwell	...	...	Soundwell Road, Kingswood	...	...	E, M, O
Stonehouse	...	...	Community Centre	...	...	O
Stroud	...	...	Old Town Hall, The Shambles	...	...	CG, M, O, S
Tetbury	...	...	District Hospital	...	...	S
Tewkesbury	...	...	Old Grammar School (County Clinic)	...	...	O, S, D
			Hospital	...	...	E, O
Thornbury	...	...	Hospital	...	...	E, O, S
			County Dental Clinic, 6 Horseshoe Lane	...	...	D
Winchcombe	...	...	Nursery School	...	...	O
Winterbourne (Hambrook)	...	...	County Clinic (County School)	...	...	D, E, O
Wotton-under-Edge	...	...	Sym Lane	...	...	D, E, O, S
Cheltenham Excepted District	...	...	Central Clinic, Royal Well Road (rear of Municipal Offices)	...	...	D, M, O, S

Index to Services

CG ... Child Guidance
E ... Eye
M ... Minor Ailments
S ... Speech

D ... Dental
ENT ... Ear, Nose, Throat
O ... Orthopaedic

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